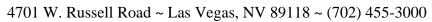
## DEPARTMENT OF DEVELOPMENT SERVICES



## PROPERTY LINE AUTHORIZATION FORM

I,	owner of(Address)		authorize
(Name)		(Address)	
(Name)	owner of	(Address)	to
construct a block wall on the prope	erty line dividin	g our properties.	
Signature		Date	
Signature		Date	<u> </u>
State of			
County of S	S.		
<b>,</b>			
	This inst	trument was acknowledg	ged before me on this,
	the	day of	, 20 , by
	(1)	Name of	Signer
	(2)	Name of	Signer
	(2)	Name of	Signer
	<u></u>	(N)	
	Signatui	re of Notary Public	